



Diocese of Arlington
The Chancery

SUITE 704
200 NORTH GLEBE ROAD
ARLINGTON, VIRGINIA 22203
TEL: (703) 841-2572 FAX: (703) 276-9486

OFFICE OF
PLANNING, CONSTRUCTION, AND FACILITIES

October 3, 2014

VA Dept. of Environmental Quality
Valley Regional Office, P.O. Box 3000
Harrisonburg, Virginia 22801

Attention: Dawn Jeffries

Subject: San Damiano Spiritual Life Center
White Post, Virginia
Reissuance of VPDES Permit No. VA0089010

Dear Madam:

Enclosed please find the following:

1. EPA Form 3510-1
2. EPA Form 3510-2A
3. EPA Form 3510-2C
4. VPDES Permit Billing Information Form
5. VPDES Permit Application Addendum
6. VPDES Public Notice Billing Form
7. VPDES Sewage Sludge Permit Application Form
8. VPDES Sewage Sludge Permit Application for Permit Reissuance

Thank you for all your assistance in completing this package.

Sincerely,

Ms. Raven Shad
Office Manager/Contract Administrator

RS/
encl

cc: Ken Brooks, OPCF
Subject File
Chron

DEQ VALLEY
OCT 06 2014
To: _____
Date: _____
DMJ

| | | | | | | | | | | | | | | | | | | |
|---|--|---|----|--|-----|---|---|--|--|---|---|---|----|----|--|--|----|--|
| FORM <div style="font-size: 2em; font-weight: bold; text-align: center;">1</div> GENERAL | U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permits Program <i>(Read the "General Instructions" before starting.)</i> | I. EPA I.D. NUMBER <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;">S</td> <td style="width:85%;"></td> <td style="width:5%;">T/A</td> <td style="width:5%;">C</td> </tr> <tr> <td>F</td> <td></td> <td></td> <td>D</td> </tr> <tr> <td>1</td> <td>2</td> <td>13</td> <td>14</td> </tr> <tr> <td></td> <td></td> <td>15</td> <td></td> </tr> </table> | S | | T/A | C | F | | | D | 1 | 2 | 13 | 14 | | | 15 | |
| S | | T/A | C | | | | | | | | | | | | | | | |
| F | | | D | | | | | | | | | | | | | | | |
| 1 | 2 | 13 | 14 | | | | | | | | | | | | | | | |
| | | 15 | | | | | | | | | | | | | | | | |

| | | |
|--|----------------------------------|--|
| LABEL ITEMS I. EPA I.D. NUMBER III. FACILITY NAME V. FACILITY MAILING ADDRESS VI. FACILITY LOCATION | PLEASE PLACE LABEL IN THIS SPACE | GENERAL INSTRUCTIONS If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete Items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected. |
|--|----------------------------------|--|

| | | | | | | | | | | | |
|---|--|--|-------------------------------------|-------------------------------------|--------------------------|---|--|--|--------------------------|-------------------------------------|--------------------------|
| II. POLLUTANT CHARACTERISTICS | | | | | | | | | | | |
| INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms . | | | | | | | | | | | |
| SPECIFIC QUESTIONS | | | Mark "X" | | | SPECIFIC QUESTIONS | | | Mark "X" | | |
| | | | YES | NO | FORM ATTACHED | | | | YES | NO | FORM ATTACHED |
| A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S. ? (FORM 2A) | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S. ? (FORM 2B) | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | | 16 | 17 | 18 | | | | 19 | 20 | 21 |
| C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C) | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S. ? (FORM 2D) | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | | 22 | 23 | 24 | | | | 25 | 26 | 27 |
| E. Does or will this facility treat, store, or dispose of hazardous wastes ? (FORM 3) | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4) | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | | 28 | 29 | 30 | | | | 31 | 32 | 33 |
| G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4) | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4) | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | | 34 | 35 | 36 | | | | 37 | 38 | 39 |
| I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5) | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5) | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | | 40 | 41 | 42 | | | | 43 | 44 | 45 |

| | | | | | | | | | | |
|------------------------------|----|---------|-----------------------------------|--|--|--|--|--|--|----|
| III. NAME OF FACILITY | | | | | | | | | | |
| C | 1 | SKIP | San Damiano Spiritual Life Center | | | | | | | |
| | 15 | 16 - 29 | 30 | | | | | | | 69 |

| | | | | | | | | | | | |
|--|----|--------------------------------------|--|--|----------------------------|----------------|----|----|----|----|-------|
| IV. FACILITY CONTACT | | | | | | | | | | | |
| A. NAME & TITLE (last, first, & title) | | | | | B. PHONE (area code & no.) | | | | | | |
| C | 2 | Amarantides, John Facilities Manager | | | | (703) 841-3859 | | | | | |
| | 15 | 16 | | | | 45 | 46 | 48 | 49 | 51 | 52-55 |

| | | | | | | | | | | | |
|------------------------------------|----|---------------------------------|--|--|----------|-------------|-------|----|----|----|--|
| V. FACILITY MAILING ADDRESS | | | | | | | | | | | |
| A. STREET OR P.O. BOX | | | | | | | | | | | |
| C | 3 | 200 North Glebe Road, Suite 704 | | | | | | | | | |
| | 15 | 16 | | | | | | | | 45 | |
| B. CITY OR TOWN | | | | | C. STATE | D. ZIP CODE | | | | | |
| C | 4 | Arlington | | | | VA | 22203 | | | | |
| | 15 | 16 | | | | 40 | 41 | 42 | 47 | 51 | |

| | | | | | | | | | | | |
|---|----|----------------------|--|--|----------|-------------|-------|---------------------------|----|----|-------|
| VI. FACILITY LOCATION | | | | | | | | | | | |
| A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER | | | | | | | | | | | |
| C | 5 | 125 Old Kitchen Road | | | | | | | | | |
| | 15 | 16 | | | | | | | | 45 | |
| B. COUNTY NAME | | | | | | | | | | | |
| C | 6 | Frederick | | | | | | | | | |
| | 15 | 16 | | | | 46 | | | | | |
| C. CITY OR TOWN | | | | | D. STATE | E. ZIP CODE | | F. COUNTY CODE (if known) | | | |
| C | 6 | White Post | | | | VA | 22663 | | | | |
| | 15 | 16 | | | | 40 | 41 | 42 | 47 | 51 | 52-54 |

CONTINUED FROM THE FRONT

VII. SIC CODES (4-digit, in order of priority)

| | | | | | | | | | | | | | | | | | | | | | | | |
|----------|----|----|----|----|----|-----------|--------------------------|----|----|-----------|----|----|-----------|----|----|----|----|-----------|----|-----------|--|--|--|
| A. FIRST | | | | | | | | | | B. SECOND | | | | | | | | | | | | | |
| C | 7 | 8 | 1 | 3 | 1 | (specify) | Religious Retreat Center | | | | | C | 7 | | | | | (specify) | | | | | |
| 15 | 16 | 17 | 18 | 19 | 20 | Ferries | 15 | 16 | 17 | 18 | 19 | 20 | | 15 | 16 | 17 | 18 | 19 | 20 | | | | |
| C. THIRD | | | | | | | | | | D. FOURTH | | | | | | | | | | | | | |
| C | 7 | | | | | (specify) | C | 7 | | | | | (specify) | C | 7 | | | | | (specify) | | | |
| 15 | 16 | 17 | 18 | 19 | 20 | | 15 | 16 | 17 | 18 | 19 | 20 | | 15 | 16 | 17 | 18 | 19 | 20 | | | | |

VIII. OPERATOR INFORMATION

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|----|----|----|----|----|----|----|----|----|----|----|----|----|----|---|--|--|--|--|--|--|--|--|--|----------------------|----|--|--|--|--|--|--|--|--|
| A. NAME | | | | | | | | | | | | | | | B. Is the name listed in Item VIII-A also the owner? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | | | | | | | | | | | | | | |
| C | 8 | | | | | | | | | | | | | | Catholic Diocese of Arlington, VA | | | | | | | | | | 55 | 66 | | | | | | | | |
| 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | | | | | | | | | | | 55 | 66 | | | | | | | | |
| C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other," specify.) | | | | | | | | | | | | | | | D. PHONE (area code & no.) | | | | | | | | | | | | | | | | | | | |
| F = FEDERAL S = STATE P = PRIVATE M = PUBLIC (other than federal or state) O = OTHER (specify) | | | | | | | | | | | | | | | (specify) Private | | | | | | | | | | (specify) Private | | | | | | | | | |
| E. STREET OR P.O. BOX | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 125 Old Kitchen Road | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | | | | | | | | | | | 55 | 66 | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----------------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----------|----|----|----|----|-------------|----|----|----|----|---|----|----|----|----|----|----|----|----|----|----|
| F. CITY OR TOWN | | | | | | | | | | | | | | | G. STATE | | | | | H. ZIP CODE | | | | | IX. INDIAN LAND | | | | | | | | | | |
| C | B | | | | | | | | | | | | | | VA | | | | | 22663 | | | | | Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | | | | | | | | | |
| 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 40 | 41 | 42 | 43 | 44 | 45 | 46 | 47 | 48 | 49 | 50 | 51 | 52 | 53 | 54 | 55 | 56 | 57 | 58 | 59 | 60 |

X. EXISTING ENVIRONMENTAL PERMITS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|----|----|----|----|----|----|----|----|----|----|----|----|----|----|--|----|----|----|----|----|----|----|----|----|----|----|----|-----------------------------|-----------|
| A. NPDES (Discharges to Surface Water) | | | | | | | | | | | | | | | D. PSD (Air Emissions from Proposed Sources) | | | | | | | | | | | | | | |
| C | 9 | N | | | | | | | | | | | | | C | 9 | P | | | | | | | | | | | | |
| 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | 41 | 42 | | |
| B. UIC (Underground Injection of Fluids) | | | | | | | | | | | | | | | E. OTHER (specify) | | | | | | | | | | | | | | |
| C | 9 | U | | | | | | | | | | | | | C | 9 | | | | | | | | | | | | | (specify) |
| 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | 41 | 42 | NPDES Vessel General Permit | |
| C. RCRA (Hazardous Wastes) | | | | | | | | | | | | | | | E. OTHER (specify) | | | | | | | | | | | | | | |
| C | 9 | R | | | | | | | | | | | | | C | 9 | | | | | | | | | | | | | (specify) |
| 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | 41 | 42 | | |

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers, and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

Religious Retreat Center for Northern 21 Counties of Virginia

The San Damiano Spiritual Life Center offers opportunities for a wide variety of retreats and days of reflection for groups and individuals. The center is a place "set apart" for spiritual renewal and growth in the Faith. A variety of rooms, including a chapel, a dining room, conference rooms and bedrooms are available to our guests. Located in the Shenandoah Valley, the San Damiano Spiritual Life Center is surrounded by 150 acres of natural beauty.


DEQ VALLEY

OCT 05 2014

To: _____
Date: _____

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|----------------|--|--|--|--|--|--|--|--|--|
| A. NAME & OFFICIAL TITLE (type or print) | | | | | | | | | | | | | | | B. SIGNATURE | | | | | | | | | | | | | | | C. DATE SIGNED | | | | | | | | | |
| John Amarantides, Facilities Manager | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | 9/29/14 | | | | | | | | | |

COMMENTS FOR OFFICIAL USE ONLY

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|--|
| C | | | | | | | | | | | | | | | C | | | | | | | | | | | | | |
| 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | 41 | 42 | |

FACILITY NAME AND PERMIT NUMBER:

San Damiano Spiritual Life Center - VA0099010

Form Approved 1/14/99
OMB Number 2040-0086

BASIC APPLICATION INFORMATION

PART A. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS:

All treatment works must complete questions A.1 through A.8 of this Basic Application Information packet.

A.1. Facility Information.

Facility name San Damiano Spiritual Life Center

Mailing Address 200 North Glebe Road, Suite 704
Arlington, VA 22203

Contact person John Campbell

Title On-Site Administrative Director

Telephone number (540) 868-9220

Facility Address 125 Old Kitchen Road
(not P.O. Box) White Post, VA 22663 Frederick County

DEQ VALLEY
OCT 06 2011
To _____
Date: _____

A.2. Applicant Information. If the applicant is different from the above, provide the following:

Applicant name Most Rev. Paul. S. Loverde, Bishop of the Catholic Diocese of Arlington, VA and his successors in office

Mailing Address 200 North Glebe Road, Suite 704
Arlington, VA 22203

Contact person John Amarantides, PE

Title CDA Facilities Manager

Telephone number (703) 841-3859

Is the applicant the owner or operator (or both) of the treatment works?

☒ owner ☒ operator

Indicate whether correspondence regarding this permit should be directed to the facility or the applicant.

☐ facility ☒ applicant

A.3. Existing Environmental Permits. Provide the permit number of any existing environmental permits that have been issued to the treatment works (include state-issued permits).

NPDES VA 0089010 PSD _____

UIC _____ Other _____

RCRA _____ Other _____

A.4. Collection System Information. Provide information on municipalities and areas served by the facility. Provide the name and population of each entity and, if known, provide information on the type of collection system (combined vs. separate) and its ownership (municipal, private, etc.).

| Name | Population Served | Type of Collection System | Ownership |
|--------------------|-----------------------|---------------------------------|-----------|
| <u>San Damiano</u> | <u>FTE-20 average</u> | <u>1 Bldg-on/septic private</u> | |
| | | <u>religious organization</u> | |
| | | | |
| | | | |

Total population served _____

FACILITY NAME AND PERMIT NUMBER:

San Damiano Spiritual Life Center - VA0099010

Form Approved 1/14/99
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A.5. Indian Country.

- a. Is the treatment works located in Indian Country?

☐ Yes ☒ No

- b. Does the treatment works discharge to a receiving water that is either in Indian Country or that is upstream from (and eventually flows through) Indian Country?

☐ Yes ☒ No

A.6. Flow. Indicate the design flow rate of the treatment plant (i.e., the wastewater flow rate that the plant was built to handle). Also provide the average daily flow rate and maximum daily flow rate for each of the last three years. Each year's data must be based on a 12-month time period with the 12th month of "this year" occurring no more than three months prior to this application submittal.

- a. Design flow rate
- .001600
- mgd (influent, not effluent)

| | <u>Two Years Ago</u> | <u>Last Year</u> | <u>This Year</u> thru July | |
|-----------------------------------|----------------------|------------------|----------------------------|-----|
| b. Annual average daily flow rate | <u>.000363</u> | <u>.000218</u> | <u>.000098</u> | mgd |
| c. Maximum daily flow rate | <u>.000770</u> | <u>.000271</u> | <u>.000271</u> | mgd |

A.7. Collection System. Indicate the type(s) of collection system(s) used by the treatment plant. Check all that apply. Also estimate the percent contribution (by miles) of each.

☒ Separate sanitary sewer 1 bulding _____ %

☐ Combined storm and sanitary sewer _____ %

A.8. Discharges and Other Disposal Methods.

- a. Does the treatment works discharge effluent to waters of the U.S.?
- ☐
- Yes
- ☒
- No

If yes, list how many of each of the following types of discharge points the treatment works uses:

- i. Discharges of treated effluent _____
- ii. Discharges of untreated or partially treated effluent _____
- iii. Combined sewer overflow points _____
- iv. Constructed emergency overflows (prior to the headworks) _____
- v. Other _____

- b. Does the treatment works discharge effluent to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the U.S.?
- ☐
- Yes
- ☒
- No

If yes, provide the following for each surface impoundment:

Location: Sewage Lagoon on-site. See attachedAnnual average daily volume discharged to surface impoundment(s) .001600 mgdIs discharge ☐ continuous or ☒ intermittent?

- c. Does the treatment works land-apply treated wastewater?
- ☐
- Yes
- ☒
- No

If yes, provide the following for each land application site:

Location: _____

Number of acres: _____

Annual average daily volume applied to site: _____ Mgd

Is land application ☐ continuous or ☐ intermittent?

- d. Does the treatment works discharge or transport treated or untreated wastewater to another treatment works?
- ☐
- Yes
- ☒
- No

DEQ VALLEY

OCT 06 2014

FACILITY NAME AND PERMIT NUMBER:

San Damiano Spiritual Life Center - VA0099010

Form Approved 1/14/99
OMB Number 2040-0086

If yes, describe the mean(s) by which the wastewater from the treatment works is discharged or transported to the other treatment works (e.g., tank truck, pipe).

N/A

If transport is by a party other than the applicant, provide:

Transporter name: _____

Mailing Address: _____

Contact person: _____

Title: _____

Telephone number: _____

For each treatment works that receives this discharge, provide the following:

Name: _____

N/AMailing Address: _____

Contact person: _____

Title: _____

Telephone number: _____

If known, provide the NPDES permit number of the treatment works that receives this discharge.

Provide the average daily flow rate from the treatment works into the receiving facility.

N/A

mgd

- e. Does the treatment works discharge or dispose of its wastewater in a manner not included in A.8.a through A.8.d above (e.g., underground percolation, well injection)?



Yes

☐ No

If yes, provide the following for each disposal method:

Description of method (including location and size of site(s) if applicable):

Sewage Lagoon

Annual daily volume disposed of by this method: _____

Is disposal through this method



continuous or

☐ intermittent?

DEQ VALLEY

OCT 06 2014

To: _____

Date: _____

FACILITY NAME AND PERMIT NUMBER:

San Damiano Spiritual Life Center - VA0099010

Form Approved 1/14/99
OMB Number 2040-0086

WASTEWATER DISCHARGES:

If you answered "yes" to question A.8.a, complete questions A.9 through A.12 once for each outfall (including bypass points) through which effluent is discharged. Do not include information on combined sewer overflows in this section. If you answered "no" to question A.8.a, go to Part B, "Additional Application Information for Applicants with a Design Flow Greater than or Equal to 0.1 mgd."

A.9. Description of Outfall.

- a. Outfall number #002 Back wash from Water Works (PWSID 206925)
- b. Location See Attached
(City or town, if applicable) (Zip Code)
Frederick VA
(County) (State)
(Latitude) (Longitude)
- c. Distance from shore (if applicable) N/A ft.
- d. Depth below surface (if applicable) N/A ft.
- e. Average daily flow rate _____ mgd
- f. Does this outfall have either an intermittent or a periodic discharge? ☒ Yes _____ No (go to A.9.g.)
- If yes, provide the following information:
- Number of times per year discharge occurs: varies with use
- Average duration of each discharge: see ODW letter
- Average flow per discharge: see ODW letter mgd
- Months in which discharge occurs: all
- g. Is outfall equipped with a diffuser? _____ Yes ☒ No

A.10. Description of Receiving Waters.

- a. Name of receiving water unnamed Tributary (internittent) of Opequon Creek
- b. Name of watershed (if known) Chesapeake Bay
- United States Soil Conservation Service 14-digit watershed code (if known): _____
- c. Name of State Management/River Basin (if known): Potomac
- United States Geological Survey 8-digit hydrologic cataloging unit code (if known): _____
- d. Critical low flow of receiving stream (if applicable):
acute _____ cfs chronic _____ cfs
- e. Total hardness of receiving stream at critical low flow (if applicable): _____ mg/l of CaCO₃

DEQ VALLEY

OCT 06 2014

To _____
Date: _____

FACILITY NAME AND PERMIT NUMBER:

San Damiano Spiritual Life Center - VA0099010

Form Approved 1/14/99
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A.11. Description of Treatment.

- a. What levels of treatment are provided? Check all that apply.

☐ Primary☐ Secondary☐ Advanced☐ Other. Describe:

N/A

- b. Indicate the following removal rates (as applicable):

Design BOD₅ removal or Design CBOD₅ removal %

Design SS removal

 %

Design P removal

 %

Design N removal

 %Other %

- c. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe.

N/A

If disinfection is by chlorination, is dechlorination used for this outfall?

☐ Yes☐ No

- d. Does the treatment plant have post aeration?

☐ Yes☐ No

N/A

A.12. Effluent Testing Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart.

Outfall number: N/A

| PARAMETER | MAXIMUM DAILY VALUE | | AVERAGE DAILY VALUE | | |
|----------------------|---------------------|-------|---------------------|-------|-------------------|
| | Value | Units | Value | Units | Number of Samples |
| pH (Minimum) | | s.u. | | | |
| pH (Maximum) | | s.u. | | | |
| Flow Rate | | | | | |
| Temperature (Winter) | | | | | |
| Temperature (Summer) | | | | | |

* For pH please report a minimum and a maximum daily value

| POLLUTANT | MAXIMUM DAILY DISCHARGE | | AVERAGE DAILY DISCHARGE | | | ANALYTICAL METHOD | ML / MDL |
|-----------|-------------------------|-------|-------------------------|-------|-------------------|-------------------|----------|
| | Conc. | Units | Conc. | Units | Number of Samples | | |

CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.

| | | | | | | | |
|--|--------|--|--|--|--|--|--|
| BIOCHEMICAL OXYGEN DEMAND (Report one) | BOD-5 | | | | | | |
| | CBOD-5 | | | | | | |
| FECAL COLIFORM | | | | | | | |
| TOTAL SUSPENDED SOLIDS (TSS) | | | | | | | |

END OF PART A.

REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

FACILITY NAME AND PERMIT NUMBER:
San Damiano Spiritual Life Center - VA0099010

Form Approved 1/14/99
OMB Number 2040-0086

BASIC APPLICATION INFORMATION

PART B. ADDITIONAL APPLICATION INFORMATION FOR APPLICANTS WITH A DESIGN FLOW GREATER THAN OR EQUAL TO 0.1 MGD (100,000 gallons per day).

All applicants with a design flow rate ≥ 0.1 mgd must answer questions B.1 through B.6. All others go to Part C (Certification).

B.1. Inflow and Infiltration. Estimate the average number of gallons per day that flow into the treatment works from inflow and/or infiltration.

_____ gpd

Briefly explain any steps underway or planned to minimize inflow and infiltration.

B.2. Topographic Map. Attach to this application a topographic map of the area extending at least one mile beyond facility property boundaries. This map must show the outline of the facility and the following information. (You may submit more than one map if one map does not show the entire area.)

- The area surrounding the treatment plant, including all unit processes.
- The major pipes or other structures through which wastewater enters the treatment works and the pipes or other structures through which treated wastewater is discharged from the treatment plant. Include outfalls from bypass piping, if applicable.
- Each well where wastewater from the treatment plant is injected underground.
- Wells, springs, other surface water bodies, and drinking water wells that are: 1) within 1/4 mile of the property boundaries of the treatment works, and 2) listed in public record or otherwise known to the applicant.
- Any areas where the sewage sludge produced by the treatment works is stored, treated, or disposed.
- If the treatment works receives waste that is classified as hazardous under the Resource Conservation and Recovery Act (RCRA) by truck, rail, or special pipe, show on the map where that hazardous waste enters the treatment works and where it is treated, stored, and/or disposed.

B.3. Process Flow Diagram or Schematic. Provide a diagram showing the processes of the treatment plant, including all bypass piping and all backup power sources or redundancy in the system. Also provide a water balance showing all treatment units, including disinfection (e.g., chlorination and dechlorination). The water balance must show daily average flow rates at influent and discharge points and approximate daily flow rates between treatment units. Include a brief narrative description of the diagram.

B.4. Operation/Maintenance Performed by Contractor(s).

Are any operational or maintenance aspects (related to wastewater treatment and effluent quality) of the treatment works the responsibility of a contractor? ☐ Yes ☐ No

If yes, list the name, address, telephone number, and status of each contractor and describe the contractor's responsibilities (attach additional pages if necessary).

Name: _____

Mailing Address: _____

Telephone Number: _____

Responsibilities of Contractor: _____

B.5. Scheduled Improvements and Schedules of Implementation. Provide information on any uncompleted implementation schedule or uncompleted plans for improvements that will affect the wastewater treatment, effluent quality, or design capacity of the treatment works. If the treatment works has several different implementation schedules or is planning several improvements, submit separate responses to question B.5 for each. (If none, go to question B.6.)

- List the outfall number (assigned in question A.9) for each outfall that is covered by this implementation schedule.

- Indicate whether the planned improvements or implementation schedule are required by local, State, or Federal agencies.
☐ Yes ☐ No

DEQ VALLEY

OCT 06 2014

To: _____

FACILITY NAME AND PERMIT NUMBER:

San Damiano Spiritual Life Center - VA0099010

Form Approved 1/14/99
OMB Number 2040-0086

- c. If the answer to B.5.b is "Yes," briefly describe, including new maximum daily inflow rate (if applicable).

- d. Provide dates imposed by any compliance schedule or any actual dates of completion for the implementation steps listed below, as applicable. For improvements planned independently of local, State, or Federal agencies, indicate planned or actual completion dates, as applicable. Indicate dates as accurately as possible.

| Implementation Stage | Schedule | Actual Completion |
|----------------------------|----------------|-------------------|
| | MM / DD / YYYY | MM / DD / YYYY |
| - Begin construction | ___/___/___ | ___/___/___ |
| - End construction | ___/___/___ | ___/___/___ |
| - Begin discharge | ___/___/___ | ___/___/___ |
| - Attain operational level | ___/___/___ | ___/___/___ |

- e. Have appropriate permits/clearances concerning other Federal/State requirements been obtained? ☐ Yes ☐ No

Describe briefly: _____

B.6. EFFLUENT TESTING DATA (GREATER THAN 0.1 MGD ONLY).

Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three pollutant scans and must be no more than four and one-half years old.

Outfall Number: _____

| POLLUTANT | MAXIMUM DAILY DISCHARGE | | AVERAGE DAILY DISCHARGE | | | ANALYTICAL METHOD | ML / MDL |
|---|-------------------------|-------|-------------------------|-------|-------------------|-------------------|----------|
| | Conc. | Units | Conc. | Units | Number of Samples | | |
| CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS. | | | | | | | |
| AMMONIA (as N) | | | | | | | |
| CHLORINE (TOTAL RESIDUAL, TRC) | | | | | | | |
| DISSOLVED OXYGEN | | | | | | | |
| TOTAL KJELDAHL NITROGEN (TKN) | | | | | | | |
| NITRATE PLUS NITRITE NITROGEN | | | | | | | |
| OIL and GREASE | | | | | | | |
| PHOSPHORUS (Total) | | | | | | | |
| TOTAL DISSOLVED SOLIDS (TDS) | | | | | | | |
| OTHER | | | | | | | |

END OF PART B.

REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

DEQ VALLEY

OCT 06 2014

FACILITY NAME AND PERMIT NUMBER:

San Damiano Spiritual Life Center - VA0099010

Form Approved 1/14/99
OMB Number 2040-0086**BASIC APPLICATION INFORMATION****PART C. CERTIFICATION**

All applicants must complete the Certification Section. Refer to instructions to determine who is an officer for the purposes of this certification. All applicants must complete all applicable sections of Form 2A, as explained in the Application Overview. Indicate below which parts of Form 2A you have completed and are submitting. By signing this certification statement, applicants confirm that they have reviewed Form 2A and have completed all sections that apply to the facility for which this application is submitted.

Indicate which parts of Form 2A you have completed and are submitting:

☒ Basic Application Information packet Supplemental Application Information packet: A and C
_____ Part D (Expanded Effluent Testing Data)
_____ Part E (Toxicity Testing: Biomonitoring Data)
_____ Part F (Industrial User Discharges and RCRA/CERCLA Wastes)
_____ Part G (Combined Sewer Systems)

ALL APPLICANTS MUST COMPLETE THE FOLLOWING CERTIFICATION.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and official title John Amarantides, P.E. - CDA Facilities Manager

Signature _____

Telephone number (703) 841-3859

Date signed 09/29/2014

Upon request of the permitting authority, you must submit any other information necessary to assess wastewater treatment practices at the treatment works or identify appropriate permitting requirements.

SEND COMPLETED FORMS TO:

DEQ VALLEY

OCT 06 2014

To _____
Date: _____

EPA I.D. NUMBER (copy from Item 1 of Form 1)

VA0089010

Form Approved.
OMB No. 2040-0086.
Approval expires 3-31-98.

Please print or type in the unshaded areas only.

FORM
2C
NPDES



U.S. ENVIRONMENTAL PROTECTION AGENCY
APPLICATION FOR PERMIT TO DISCHARGE WASTEWATER
EXISTING MANUFACTURING, COMMERCIAL, MINING AND SILVICULTURE OPERATIONS
Consolidated Permits Program

I. OUTFALL LOCATION

For each outfall, list the latitude and longitude of its location to the nearest 15 seconds and the name of the receiving water.

| A. OUTFALL NUMBER (list) | B. LATITUDE | | | C. LONGITUDE | | | D. RECEIVING WATER (name) |
|-----------------------------|-------------|---------|---------|--------------|---------|---------|---------------------------|
| | 1. DEG. | 2. MIN. | 3. SEC. | 1. DEG. | 2. MIN. | 3. SEC. | |
| #002 | 39 | 05 | 47N | 78 | 08 | 15W | Opequon Creek, UT |
| | | | | | | | intermittent |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES

A. Attach a line drawing showing the water flow through the facility. Indicate sources of intake water, operations contributing wastewater to the effluent, and treatment units labeled to correspond to the more detailed descriptions in Item B. Construct a water balance on the line drawing by showing average flows between intakes, operations, treatment units, and outfalls. If a water balance cannot be determined (e.g., for certain mining activities), provide a pictorial description of the nature and amount of any sources of water and any collection or treatment measures.

B. For each outfall, provide a description of: (1) All operations contributing wastewater to the effluent, including process wastewater, sanitary wastewater, cooling water, and storm water runoff; (2) The average flow contributed by each operation; and (3) The treatment received by the wastewater. Continue on additional sheets if necessary.

| 1. OUTFALL NO. (list) | 2. OPERATION(S) CONTRIBUTING FLOW | | 3. TREATMENT | | |
|-----------------------|--|---------------------------------|----------------------------|-------------------------------|-----|
| | a. OPERATION (list) | b. AVERAGE FLOW (include units) | a. DESCRIPTION | b. LIST CODES FROM TABLE 2C-1 | |
| 002 | Greensand Filtration - | varies with occupancy | iron and manganese removal | | |
| | Backwash | | | | |
| | | | | | |
| | | | | | |
| 002 | Water softening - | | ion exchange | | 2-J |
| | backwash | | | | |
| | | | | | |
| | | | | | |
| * ** | See attached HDH - ODW Permit number 20478 | | | | |
| | and Bushman Engineering PC | | | | |
| | Schematics and plans and calculation | | | | |
| | | | | | |
| | | | | | |
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| | | | | | |
| | | | | | |

OFFICIAL USE ONLY (effluent guidelines sub-categories)

CONTINUED FROM THE FRONT

C. Except for storm runoff, leaks, or spills, are any of the discharges described in Items II-A or B intermittent or seasonal?

☐ YES (complete the following table)☐ NO (go to Section III)

| 1. OUTFALL NUMBER <i>(list)</i> | 2. OPERATION(s) CONTRIBUTING FLOW <i>(list)</i> | 3. FREQUENCY | | 4. FLOW | | | | |
|------------------------------------|--|---|---|------------------------------|---------------------|--|---------------------|---------------------------------|
| | | a. DAYS PER WEEK <i>(specify average)</i> | b. MONTHS PER YEAR <i>(specify average)</i> | a. FLOW RATE <i>(in mgd)</i> | | B. TOTAL VOLUME <i>(specify with units)</i> | | C. DURATION <i>(in days)</i> |
| | | | | 1. LONG TERM AVERAGE | 2. MAXIMUM DAILY | 1. LONG TERM AVERAGE | 2. MAXIMUM DAILY | |
| 002 | Greensand filtering backwash - iron and manganese removal | 1/wk | 12 | 0,000, 0,000, | 300 750 | 0,000, 0,000, | 300 750 | 15.min. |
| 002 | Ion exchange | 1/WK | 12 | 0,000, 0,000. | 100 250 | 0,000, 0,000, | 100 250 | 10 MIN. |

III. PRODUCTION

A. Does an effluent guideline limitation promulgated by EPA under Section 304 of the Clean Water Act apply to your facility?

☐ YES (complete Item III-B)☒ NO (go to Section IV)

B. Are the limitations in the applicable effluent guideline expressed in terms of production (or other measure of operation)?

☐ YES (complete Item III-C)☐ NO (go to Section IV)

C. If you answered "yes" to Item III-B, list the quantity which represents an actual measurement of your level of production, expressed in the terms and units used in the applicable effluent guideline, and indicate the affected outfalls.

| 1. AVERAGE DAILY PRODUCTION | | | 2. AFFECTED OUTFALLS (list outfall numbers) |
|-----------------------------|---------------------|--|--|
| a. QUANTITY PER DAY | b. UNITS OF MEASURE | c. OPERATION, PRODUCT, MATERIAL, ETC. (specify) | |
| N/A | N/A | N/A | N/A |

IV. IMPROVEMENTS

A. Are you now required by any Federal, State or local authority to meet any implementation schedule for the construction, upgrading or operations of wastewater treatment equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders, and grant or loan conditions.

☐ YES (complete the following table)☐ NO (go to Item IV-B)

| 1. IDENTIFICATION OF CONDITION, AGREEMENT, ETC. | 2. AFFECTED OUTFALLS | | 3. BRIEF DESCRIPTION OF PROJECT | 4. FINAL COMPLIANCE DATE | |
|--|----------------------|------------------------|---------------------------------|--------------------------|--------------|
| | a. NO. | b. SOURCE OF DISCHARGE | | a. REQUIRED | b. PROJECTED |
| N/A | N/A | N/A | N/A | N/A | N/A |

B. OPTIONAL: You may attach additional sheets describing any additional water pollution control programs (or other environmental projects which may affect your discharges) you now have underway or which you plan. Indicate whether each program is now underway or planned, and indicate your actual or planned schedules for construction.

☐ MARK "X" IF DESCRIPTION OF ADDITIONAL CONTROL PROGRAMS IS ATTACHED

EPA I.D. NUMBER (copy from Item 1 of Form 1)

VA0089010

CONTINUED FROM PAGE 2

V. INTAKE AND EFFLUENT CHARACTERISTICS

A, B, & C: See instructions before proceeding – Complete one set of tables for each outfall – Annotate the outfall number in the space provided.

NOTE: Tables V-A, V-B, and V-C are included on separate sheets numbered V-1 through V-9.

D. Use the space below to list any of the pollutants listed in Table 2c-3 of the instructions, which you know or have reason to believe is discharged or may be discharged from any outfall. For every pollutant you list, briefly describe the reasons you believe it to be present and report any analytical data in your possession.

| 1. POLLUTANT | 2. SOURCE | 1. POLLUTANT | 2. SOURCE |
|--------------|-----------|--------------|-----------|
| N/A | N/A | N/A | N/A |

VI. POTENTIAL DISCHARGES NOT COVERED BY ANALYSIS

Is any pollutant listed in Item V-C a substance or a component of a substance which you currently use or manufacture as an intermediate or final product or byproduct?

☐ YES (list all such pollutants below)☐ NO (go to Item VI-B)

VII. BIOLOGICAL TOXICITY TESTING DATA

Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?

☐ YES (identify the test(s) and describe their purposes below)

☐ NO (go to Section VIII)

VIII. CONTRACT ANALYSIS INFORMATION

Were any of the analyses reported in Item V performed by a contract laboratory or consulting firm?


☐ YES (list the name, address, and telephone number of, and pollutants analyzed by, each such laboratory or firm below)

☐ NO (go to Section IX)

| A. NAME | B. ADDRESS | C. TELEPHONE (area code & no.) | D. POLLUTANTS ANALYZED (list) |
|---------|------------|-----------------------------------|----------------------------------|
| | | | |

IX. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

| | |
|---|--|
| A. NAME & OFFICIAL TITLE (type or print) John Amarantides, Facilities Manager | B. PHONE NO. (area code & no.) (703) 841-3859 |
| C. SIGNATURE  | D. DATE SIGNED 09/14/2014 |

PLEASE PRINT OR TYPE IN THE UNSHADED AREAS ONLY. You may report some or all of this information on separate sheets (use the same format) instead of completing these pages.
SEE INSTRUCTIONS.

EPA I.D. NUMBER (copy from Item 1 of Form 1)
VA0089010

| | | |
|--|--|--------------------|
| V. INTAKE AND EFFLUENT CHARACTERISTICS (continued from page 3 of Form 2-C) | | OUTFALL NO. 002 |
|--|--|--------------------|

PART A –You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

| 1. POLLUTANT | 2. EFFLUENT | | | | | | | 3. UNITS (specify if blank) | | 4. INTAKE (optional) | | |
|------------------------------------|--------------------------------------|---------|---|---------|--|------|-----------------------|--------------------------------|---------|-------------------------------|------|-----------------------|
| | a. MAXIMUM DAILY VALUE | | b. MAXIMUM 30 DAY VALUE (if available) | | c. LONG TERM AVRG. VALUE (if available) | | d. NO. OF ANALYSES | a. CONCEN- TRATION | b. MASS | a. LONG TERM AVERAGE VALUE | | b. NO. OF ANALYSES |
| | (1) | (2) | (1) | (2) | (1) | (2) | | | | (1) | (2) | |
| | CONCENTRATION | MASS | CONCENTRATION | MASS | CONCENTRATION | MASS | | | | CONCENTRATION | MASS | |
| a. Biochemical Oxygen Demand (BOD) | waiver | | | | | | | | | | | |
| b. Chemical Oxygen Demand (COD) | Waiver | | | | | | | | | | | |
| c. Total Organic Carbon (TOC) | Waiver | | | | | | | | | | | |
| d. Total Suspended Solids (TSS) | ** Grab sample - see attached report | | | | | | | | | | | 1 |
| e. Ammonia (as N) | Waiver | | | | | | | | | | | |
| f. Flow | VALUE | | VALUE | | VALUE | | | | | VALUE | | |
| g. Temperature (winter) | VALUE | | VALUE | | VALUE | | | | °C | VALUE | | |
| h. Temperature (summer) | VALUE | | VALUE | | VALUE | | | | °C | VALUE | | |
| i. pH | MINIMUM | MAXIMUM | MINIMUM | MAXIMUM | | | | STANDARD UNITS | | | | |

PART B – Mark "X" in column 2-a for each pollutant you know or have reason to believe is present. Mark "X" in column 2-b for each pollutant you believe to be absent. If you mark column 2a for any pollutant which is limited either directly, or indirectly but expressly, in an effluent limitations guideline, you must provide the results of at least one analysis for that pollutant. For other pollutants for which you mark column 2a, you must provide quantitative data or an explanation of their presence in your discharge. Complete one table for each outfall. See the instructions for additional details and requirements.

| 1. POLLUTANT AND CAS NO. (if available) | 2. MARK "X" | | 3. EFFLUENT | | | | | | | 4. UNITS | | 5. INTAKE (optional) | | |
|--|---------------------|--------------------|------------------------|------|---|------|--|------|-----------------------|-----------------------|---------|-------------------------------|------|-----------------------|
| | a. | b. | a. MAXIMUM DAILY VALUE | | b. MAXIMUM 30 DAY VALUE (if available) | | c. LONG TERM AVRG. VALUE (if available) | | d. NO. OF ANALYSES | a. CONCEN- TRATION | b. MASS | a. LONG TERM AVERAGE VALUE | | b. NO. OF ANALYSES |
| | BELIEVED PRESENT | BELIEVED ABSENT | (1) | (2) | (1) | (2) | (1) | (2) | | | | (1) | (2) | |
| | | | CONCENTRATION | MASS | CONCENTRATION | MASS | CONCENTRATION | MASS | | | | CONCENTRATION | MASS | |
| a. Bromide (24959-67-9) | | X | | | | | | | | | | | | |
| b. Chlorine, Total Residual | | X | | | | | | | | | | | | |
| c. Color | | X | | | | | | | | | | | | |
| d. Fecal Coliform | | X | | | | | | | | | | | | |
| e. Fluoride (16984-48-8) | | X | | | | | | | | | | | | |
| f. Nitrate-Nitrite (as N) | | X | | | | | | | | | | | | |

ITEM V-B CONTINUED FROM FRONT

| 1. POLLUTANT AND CAS NO. (if available) | 2. MARK "X" | | 3. EFFLUENT | | | | | | | 4. UNITS | | 5. INTAKE (optional) | | |
|---|---------------------------|------------------------------------|------------------------|----------|---|----------|--|----------|-----------------------|-----------------------|---------|-------------------------------|----------|-----------------------|
| | a. BELIEVED PRESENT | b. BELIEVED ABSENT | a. MAXIMUM DAILY VALUE | | b. MAXIMUM 30 DAY VALUE (if available) | | c. LONG TERM AVRG. VALUE (if available) | | d. NO. OF ANALYSES | a. CONCEN- TRATION | b. MASS | a. LONG TERM AVERAGE VALUE | | b. NO. OF ANALYSES |
| | | | (1) CONCENTRATION | (2) MASS | (1) CONCENTRATION | (2) MASS | (1) CONCENTRATION | (2) MASS | | | | (1) CONCENTRATION | (2) MASS | |
| | | | | | | | | | | | | | | |
| g. Nitrogen, Total Organic (as N) | | X | | | | | | | | | | | | |
| h. Oil and Grease | | X | | | | | | | | | | | | |
| i. Phosphorus (as P), Total (7723-14-0) | | X | | | | | | | | | | | | |
| j. Radioactivity | | | | | | | | | | | | | | |
| (1) Alpha, Total | | X | | | | | | | | | | | | |
| (2) Beta, Total | | X | | | | | | | | | | | | |
| (3) Radium, Total | | X | | | | | | | | | | | | |
| (4) Radium 226, Total | | X | | | | | | | | | | | | |
| k. Sulfate (as SO ₄) (14808-79-8) | | X | | | | | | | | | | | | |
| l. Sulfide (as S) | | X | | | | | | | | | | | | |
| m. Sulfite (as SO ₃) (14265-45-3) | | X | | | | | | | | | | | | |
| n. Surfactants | | X | | | | | | | | | | | | |
| o. Aluminum, Total (7429-90-5) | | X | | | | | | | | | | | | |
| p. Barium, Total (7440-39-3) | | X | | | | | | | | | | | | |
| q. Boron, Total (7440-42-8) | | X | | | | | | | | | | | | |
| r. Cobalt, Total (7440-48-4) | | X | | | | | | | | | | | | |
| s. Iron, Total (7439-89-6) | * | -Grab sample - see attached report | | | | | | | | | | | | |
| t. Magnesium, Total (7439-95-4) | | X | | | | | | | | | | | | |
| u. Molybdenum, Total (7439-98-7) | | X | | | | | | | | | | | | |
| v. Manganese, Total (7439-96-5) | | X | | | | | | | | | | | | |
| w. Tin, Total (7440-31-5) | | X | | | | | | | | | | | | |
| x. Titanium, Total (7440-32-6) | | X | | | | | | | | | | | | |

EPA I.D. NUMBER (copy from Item 1 of Form 1)

OUTFALL NUMBER

VA0089010

002

CONTINUED FROM PAGE 3 OF FORM 2-C

PART C - If you are a primary industry and this outfall contains process wastewater, refer to Table 2c-2 in the instructions to determine which of the GC/MS fractions you must test for. Mark "X" in column 2-a for all such GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. If you are not required to mark column 2-a (secondary industries, nonprocess wastewater outfalls, and nonrequired GC/MS fractions), mark "X" in column 2-b for each pollutant you know or have reason to believe is present. Mark "X" in column 2-c for each pollutant you believe is absent. If you mark column 2a for any pollutant, you must provide the results of at least one analysis for that pollutant. If you mark column 2b for any pollutant, you must provide the results of at least one analysis for that pollutant if you know or have reason to believe it will be discharged in concentrations of 10 ppb or greater. If you mark column 2b for acrolein, acrylonitrile, 2,4 dinitrophenol, or 2-methyl-4, 6 dinitrophenol, you must provide the results of at least one analysis for each of these pollutants which you know or have reason to believe that you discharge in concentrations of 100 ppb or greater. Otherwise, for pollutants for which you mark column 2b, you must either submit at least one analysis or briefly describe the reasons the pollutant is expected to be discharged. Note that there are 7 pages to this part; please review each carefully. Complete one table (all 7 pages) for each outfall. See instructions for additional details and requirements.

| 1. POLLUTANT AND CAS NUMBER (if available) | 2. MARK "X" | | | 3. EFFLUENT | | | | | | 4. UNITS | | 5. INTAKE (optional) | | | |
|--|-------------------------------|---------------------------|--------------------------|------------------------|----------|---|----------|--|----------|-----------------------|-----------------------|----------------------|-------------------------------|----------|-----------------------|
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| | | | | | | | | | | | | | | | |
| METALS, CYANIDE, AND TOTAL PHENOLS | | | | | | | | | | | | | | | |
| 1M. Antimony, Total (7440-36-0) | | | X | | | | | | | | | | | | |
| 2M. Arsenic, Total (7440-38-2) | | | X | | | | | | | | | | | | |
| 3M. Beryllium, Total (7440-41-7) | | | | | | | | | | | | | | | |
| 4M. Cadmium, Total (7440-43-9) | Data already submitted to DEQ | | | | | | | | | | | | | | |
| 5M. Chromium, Total (7440-47-3) | Data already submitted to DEQ | | | | | | | | | | | | | | |
| 6M. Copper, Total (7440-50-8) | Data already submitted to DEQ | | | | | | | | | | | | | | |
| 7M. Lead, Total (7439-92-1) | Data already submitted to DEQ | | | | | | | | | | | | | | |
| 8M. Mercury, Total (7439-97-6) | Data already submitted to DEQ | | | | | | | | | | | | | | |
| 9M. Nickel, Total (7440-02-0) | | | X | | | | | | | | | | | | |
| 10M. Selenium, Total (7782-49-2) | | | X | | | | | | | | | | | | |
| 11M. Silver, Total (7440-22-4) | | | X | | | | | | | | | | | | |
| 12M. Thallium, Total (7440-28-0) | | | X | | | | | | | | | | | | |
| 13M. Zinc, Total (7440-66-6) | Data already submitted to DEQ | | | | | | | | | | | | | | |
| 14M. Cyanide, Total (57-12-5) | | | X | | | | | | | | | | | | |
| 15M. Phenols, Total | | | X | | | | | | | | | | | | |
| DIOXIN | | | | | | | | | | | | | | | |
| 2,3,7,8-Tetra- chlorodibenzo-P- Dioxin (1764-01-6) | | | X | DESCRIBE RESULTS | | | | | | | | | | | |

CONTINUED FROM THE FRONT

| 1. POLLUTANT AND CAS NUMBER (if available) | 2. MARK "X" | | | 3. EFFLUENT | | | | | | 4. UNITS | | | 5. INTAKE (optional) | | |
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| GC/MS FRACTION – VOLATILE COMPOUNDS | | | | | | | | | | | | | | | |
| 1V. Accrolein (107-02-8) | | | X | | | | | | | | | | | | |
| 2V. Acrylonitrile (107-13-1) | | | X | | | | | | | | | | | | |
| 3V. Benzene (71-43-2) | | | X | | | | | | | | | | | | |
| 4V. Bis (Chloro- methyl) Ether (542-88-1) | | | X | | | | | | | | | | | | |
| 5V. Bromoform (75-25-2) | | | X | | | | | | | | | | | | |
| 6V. Carbon Tetrachloride (56-23-5) | | | X | | | | | | | | | | | | |
| 7V. Chlorobenzene (108-90-7) | | | X | | | | | | | | | | | | |
| 8V. Chlorodi- bromomethane (124-48-1) | | | X | | | | | | | | | | | | |
| 9V. Chloroethane (75-00-3) | | | X | | | | | | | | | | | | |
| 10V. 2-Chloro- ethylvinyl Ether (110-75-8) | | | X | | | | | | | | | | | | |
| 11V. Chloroform (67-66-3) | | | X | | | | | | | | | | | | |
| 12V. Dichloro- bromomethane (75-27-4) | | | X | | | | | | | | | | | | |
| 13V. Dichloro- difluoromethane (75-71-8) | | | X | | | | | | | | | | | | |
| 14V. 1,1-Dichloro- ethane (75-34-3) | | | X | | | | | | | | | | | | |
| 15V. 1,2-Dichloro- ethane (107-06-2) | | | X | | | | | | | | | | | | |
| 16V. 1,1-Dichloro- ethylene (75-35-4) | | | X | | | | | | | | | | | | |
| 17V. 1,2-Dichloro- propane (78-87-5) | | | X | | | | | | | | | | | | |
| 18V. 1,3-Dichloro- propylene (542-75-6) | | | X | | | | | | | | | | | | |
| 19V. Ethylbenzene (100-41-4) | | | X | | | | | | | | | | | | |
| 20V. Methyl Bromide (74-83-9) | | | X | | | | | | | | | | | | |
| 21V. Methyl Chloride (74-87-3) | | | X | | | | | | | | | | | | |

CONTINUED FROM PAGE V-4

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| | | | | | | | | | | | | | | | | | | | |
| GC/MS FRACTION – VOLATILE COMPOUNDS (continued) | | | | | | | | | | | | | | | | | | | |
| 22V. Methylene Chloride (75-09-2) | | | X | | | | | | | | | | | | | | | | |
| 23V. 1,1,1,2,2-Tetrachloroethane (79-34-5) | | | X | | | | | | | | | | | | | | | | |
| 24V. Tetrachloroethylene (127-18-4) | | | X | | | | | | | | | | | | | | | | |
| 25V. Toluene (108-88-3) | | | X | | | | | | | | | | | | | | | | |
| 26V. 1,2-Trans-Dichloroethylene (156-60-5) | | | X | | | | | | | | | | | | | | | | |
| 27V. 1,1,1-Trichloroethane (71-55-6) | | | X | | | | | | | | | | | | | | | | |
| 28V. 1,1,2-Trichloroethane (79-00-5) | | | X | | | | | | | | | | | | | | | | |
| 29V. Trichloroethylene (79-01-6) | | | X | | | | | | | | | | | | | | | | |
| 30V. Trichlorofluoromethane (75-69-4) | | | X | | | | | | | | | | | | | | | | |
| 31V. Vinyl Chloride (75-01-4) | | | X | | | | | | | | | | | | | | | | |
| GC/MS FRACTION – ACID COMPOUNDS | | | | | | | | | | | | | | | | | | | |
| 1A. 2-Chlorophenol (95-57-8) | | | X | | | | | | | | | | | | | | | | |
| 2A. 2,4-Dichlorophenol (120-83-2) | | | X | | | | | | | | | | | | | | | | |
| 3A. 2,4-Dimethylphenol (105-67-9) | | | X | | | | | | | | | | | | | | | | |
| 4A. 4,6-Dinitro-O-Cresol (534-52-1) | | | X | | | | | | | | | | | | | | | | |
| 5A. 2,4-Dinitrophenol (51-28-5) | | | X | | | | | | | | | | | | | | | | |
| 6A. 2-Nitrophenol (88-75-5) | | | X | | | | | | | | | | | | | | | | |
| 7A. 4-Nitrophenol (100-02-7) | | | X | | | | | | | | | | | | | | | | |
| 8A. P-Chloro-M-Cresol (59-50-7) | | | X | | | | | | | | | | | | | | | | |
| 9A. Pentachlorophenol (87-86-5) | | | X | | | | | | | | | | | | | | | | |
| 10A. Phenol (108-95-2) | | | X | | | | | | | | | | | | | | | | |
| 11A. 2,4,6-Trichlorophenol (88-05-2) | | | X | | | | | | | | | | | | | | | | |

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| GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS | | | | | | | | | | | | | | | | |
| 1B. Acenaphthene (83-32-9) | | | X | | | | | | | | | | | | | |
| 2B. Acenaphthylene (208-96-8) | | | X | | | | | | | | | | | | | |
| 3B. Anthracene (120-12-7) | | | X | | | | | | | | | | | | | |
| 4B. Benzidine (92-87-5) | | | X | | | | | | | | | | | | | |
| 5B. Benzo (a) Anthracene (56-55-3) | | | X | | | | | | | | | | | | | |
| 6B. Benzo (a) Pyrene (50-32-8) | | | X | | | | | | | | | | | | | |
| 7B. 3,4-Benzo- fluoranthene (205-99-2) | | | X | | | | | | | | | | | | | |
| 8B. Benzo (ghi) Perylene (191-24-2) | | | X | | | | | | | | | | | | | |
| 9B. Benzo (k) Fluoranthene (207-08-9) | | | X | | | | | | | | | | | | | |
| 10B. Bis (2-Chloro- ethoxy) Methane (111-91-1) | | | X | | | | | | | | | | | | | |
| 11B. Bis (2-Chloro- ethyl) Ether (111-44-4) | | | X | | | | | | | | | | | | | |
| 12B. Bis (2- Chloroisopropyl) Ether (102-80-1) | | | X | | | | | | | | | | | | | |
| 13B. Bis (2-Ethyl- hexyl) Phthalate (117-81-7) | | | X | | | | | | | | | | | | | |
| 14B. 4-Bromophenyl Phenyl Ether (101-55-3) | | | X | | | | | | | | | | | | | |
| 15B. Butyl Benzyl Phthalate (85-68-7) | | | X | | | | | | | | | | | | | |
| 16B. 2-Chloro- naphthalene (91-58-7) | | | X | | | | | | | | | | | | | |
| 17B. 4-Chloro- phenyl Phenyl Ether (7005-72-3) | | | X | | | | | | | | | | | | | |
| 18B. Chrysene (218-01-9) | | | X | | | | | | | | | | | | | |
| 19B. Dibenzo (a,h) Anthracene (53-70-3) | | | X | | | | | | | | | | | | | |
| 20B. 1,2-Dichloro- benzene (95-50-1) | | | X | | | | | | | | | | | | | |
| 21B. 1,3-Di-chloro- benzene (541-73-1) | | | X | | | | | | | | | | | | | |

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| | | | | | | | | | | | | | | | | |
| GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (continued) | | | | | | | | | | | | | | | | |
| 22B. 1,4-Dichloro- benzene (106-46-7) | | | X | | | | | | | | | | | | | |
| 23B. 3,3-Dichloro- benzidine (91-94-1) | | | X | | | | | | | | | | | | | |
| 24B. Diethyl Phthalate (84-66-2) | | | X | | | | | | | | | | | | | |
| 25B. Dimethyl Phthalate (131 -11-3) | | | X | | | | | | | | | | | | | |
| 26B. Di-N-Butyl Phthalate (84-74-2) | | | X | | | | | | | | | | | | | |
| 27B. 2,4-Dinitro- toluene (121-14-2) | | | X | | | | | | | | | | | | | |
| 28B. 2,6-Dinitro- toluene (606-20-2) | | | X | | | | | | | | | | | | | |
| 29B. Di-N-Octyl Phthalate (117-84-0) | | | X | | | | | | | | | | | | | |
| 30B. 1,2-Diphenyl- hydrazine (as Azo- benzene) (122-66-7) | | | X | | | | | | | | | | | | | |
| 31B. Fluoranthene (206-44-0) | | | X | | | | | | | | | | | | | |
| 32B. Fluorene (86-73-7) | | | X | | | | | | | | | | | | | |
| 33B. Hexachloro- benzene (118-74-1) | | | X | | | | | | | | | | | | | |
| 34B. Hexachloro- butadiene (87-68-3) | | | X | | | | | | | | | | | | | |
| 35B. Hexachloro- cyclopentadiene (77-47-4) | | | X | | | | | | | | | | | | | |
| 36B Hexachloro- ethane (67-72-1) | | | X | | | | | | | | | | | | | |
| 37B. Indeno (1,2,3-cd) Pyrene (193-39-5) | | | X | | | | | | | | | | | | | |
| 38B. Isophorone (78-59-1) | | | X | | | | | | | | | | | | | |
| 39B. Naphthalene (91-20-3) | | | X | | | | | | | | | | | | | |
| 40B. Nitrobenzene (98-95-3) | | | X | | | | | | | | | | | | | |
| 41B. N-Nitro- sodimethylamine (62-75-9) | | | X | | | | | | | | | | | | | |
| 42B. N-Nitrosodi- N-Propylamine (621-64-7) | | | X | | | | | | | | | | | | | |

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| GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (continued) | | | | | | | | | | | | | | | | | |
| 43B. N-Nitro-sodiphenylamine (86-30-6) | | | X | | | | | | | | | | | | | | |
| 44B. Phenanthrene (85-01-8) | | | X | | | | | | | | | | | | | | |
| 45B. Pyrene (129-00-0) | | | X | | | | | | | | | | | | | | |
| 46B. 1,2,4-Tri-chlorobenzene (120-82-1) | | | X | | | | | | | | | | | | | | |
| GC/MS FRACTION – PESTICIDES | | | | | | | | | | | | | | | | | |
| 1P. Aldrin (309-00-2) | | | X | | | | | | | | | | | | | | |
| 2P. α-BHC (319-84-6) | | | X | | | | | | | | | | | | | | |
| 3P. β-BHC (319-85-7) | | | X | | | | | | | | | | | | | | |
| 4P. γ-BHC (58-89-9) | | | X | | | | | | | | | | | | | | |
| 5P. δ-BHC (319-86-8) | | | X | | | | | | | | | | | | | | |
| 6P. Chlordane (57-74-9) | | | X | | | | | | | | | | | | | | |
| 7P. 4,4'-DDT (50-29-3) | | | X | | | | | | | | | | | | | | |
| 8P. 4,4'-DDE (72-55-9) | | | X | | | | | | | | | | | | | | |
| 9P. 4,4'-DDD (72-54-8) | | | X | | | | | | | | | | | | | | |
| 10P. Dieldrin (60-57-1) | | | X | | | | | | | | | | | | | | |
| 11P. α-Enosulfan (115-29-7) | | | X | | | | | | | | | | | | | | |
| 12P. β-Endosulfan (115-29-7) | | | X | | | | | | | | | | | | | | |
| 13P. Endosulfan Sulfate (1031-07-8) | | | X | | | | | | | | | | | | | | |
| 14P. Endrin (72-20-8) | | | X | | | | | | | | | | | | | | |
| 15P. Endrin Aldehyde (7421-93-4) | | | X | | | | | | | | | | | | | | |
| 16P. Heptachlor (76-44-8) | | | X | | | | | | | | | | | | | | |

EPA I.D. NUMBER (copy from Item 1 of Form 1)

OUTFALL NUMBER

CONTINUED FROM PAGE V-8

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| GC/MS FRACTION – PESTICIDES (continued) | | | | | | | | | | | | | | | | | |
| 17P. Heptachlor Epoxide (1024-57-3) | | | X | | | | | | | | | | | | | | |
| 18P. PCB-1242 (53469-21-9) | | | X | | | | | | | | | | | | | | |
| 19P. PCB-1254 (11097-69-1) | | | X | | | | | | | | | | | | | | |
| 20P. PCB-1221 (11104-28-2) | | | X | | | | | | | | | | | | | | |
| 21P. PCB-1232 (11141-16-5) | | | X | | | | | | | | | | | | | | |
| 22P. PCB-1248 (12672-29-6) | | | X | | | | | | | | | | | | | | |
| 23P. PCB-1260 (11096-82-5) | | | X | | | | | | | | | | | | | | |
| 24P. PCB-1016 (12674-11-2) | | | X | | | | | | | | | | | | | | |
| 25P. Toxaphene (8001-35-2) | | | X | | | | | | | | | | | | | | |



9/3/09

COMMONWEALTH of VIRGINIA

KAREN REMLEY, MD., M.B.A, F.A.A.P.
STATE HEALTH COMMISSIONER

DEPARTMENT OF HEALTH
OFFICE OF DRINKING WATER

Lexington Field Office

131 Walker Street
Lexington, VA 24450
Phone: 540-463-7136
Fax: 540-463-3892

J.WESLEY KLEENE, Ph. D., P.E.
DIRECTOR, Office of Drinking Water

September 28, 2009

SUBJECT: Frederick County
Water - San Damiano Spiritual Life Center

Mr. Kenneth D. Brooks
Catholic Diocese of Arlington
200 North Glebe Road, Suite 704
Arlington, VA 22203

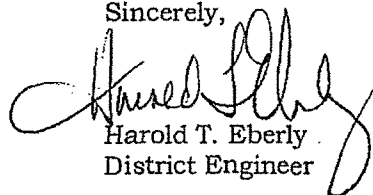
Dear Mr. Brooks:

Enclosed please find Waterworks Operation Permit No. 2069625 with an effective date of September 3, 2009, issued by the Commonwealth of Virginia, Department of Health, Office of Drinking Water. This permit is your authorization from the State Health Commissioner to operate the subject waterworks located in Frederick County in accordance with the *Waterworks Regulations*. This permit is not transferable. This permit does not suspend, minimize, or otherwise alter this owner's obligation to comply with applicable federal, state, or local laws and regulations or permits.

You will note that the permit indicates that this waterworks has a design capacity of 21,024 gallons per day. This limit is based on the maximum capacity of the system and shall not be exceeded.

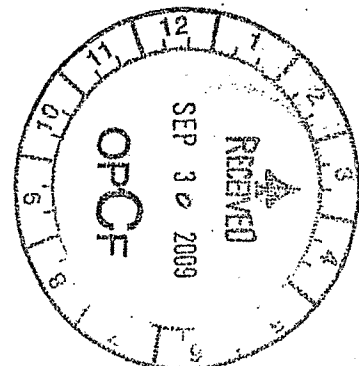
We look forward to your cooperation in the maintenance and operation of this public waterworks.

Sincerely,


Harold T. Eberly
District Engineer

HTE/bt/092809_1

cc San Damiano Spiritual Life Center - Attn: John Campbell
Frederick County Health Department
Frederick County Administrator
Frederick County Building Official
VDH - Richmond Central



VDH VIRGINIA
DEPARTMENT
OF HEALTH
Protecting You and Your Environment
WWW.VDH.VIRGINIA.GOV



Commonwealth of Virginia
Department of Health
Office of Drinking Water

Waterworks Operation Permit

Catholic Diocese of Arlington, Virginia is hereby granted permission to operate a Class IV transient noncommunity waterworks having a design capacity of 21,024 gallons per day at the San Damiano Spiritual Life Center located in Frederick County in accordance with Title 32.1 of the Code of Virginia and the *Waterworks Regulations* of the Virginia Department of Health (12 VAC 5-590). This permit is issued in accordance with Construction Permit No. 204708 dated October 16, 2008 and with the understanding that this owner will operate the waterworks in accordance with Part II, "Operation Regulations for Waterworks," of the *Waterworks Regulations* of the Virginia Department of Health and any variances or special requirements noted below. This permit does not suspend, minimize, or otherwise alter this owner's obligation to comply with applicable federal, state, or local laws and regulations or permits.


Variances, Exemptions, or Special Permit Requirements issued: (x) None () See Attached

An Engineering Description Sheet is attached dated September 3, 2009

PERMIT NO.: 2069625

EFFECTIVE DATE: September 3, 2009

APPROVED


Director, Office of Drinking Water

for the State Health Commissioner pursuant to VA Code § 2.2-604

P.E.

**VIRGINIA DEPARTMENT OF HEALTH
ENGINEERING DESCRIPTION SHEET**

DATE: September 3, 2009

WATERWORKS NAME: San Damiano Spiritual Life Center **WATERWORKS CLASS:** IV

COUNTY/CITY: Frederick County **TYPE:** Transient Noncommunity

LOCATION: On the north side of State Route 642 (Armel Road) approximately 0.75 mile east of its intersection with U.S. Route 522 (Front Royal Pike) and 2.5 miles north of the intersection of U.S. Route 522 and State Route 277 in Double Tollgate

OWNER: Catholic Diocese of Arlington, Virginia
Contact: John Campbell
125 Old Kitchen Road
White Post, VA 22663
Phone: 540-868-9220

OPERATOR: Licensed Class IV Operator Required

PERMIT NUMBER: 2069625

EFFECTIVE DATE: September 3, 2009

TYPE OF TREATMENT: Iron/Manganese Removal, Softening

SOURCE: One Drilled Well

DESIGN CAPACITY: 21,024 gpd

DESCRIPTION OF THE WATERWORKS

This water system consists of one drilled well, two iron and manganese greensand filters, two water softeners, a 3,550-gallon ground storage tank, four 120-gallon hydropneumatic tanks, a 63 gpm booster pump station, and chemical feed facilities.

SOURCE

Well No. 2 is located 200 feet west of the Spiritual Life Center. Based upon best information available, the well is 10 inches in diameter to a depth of 50 feet and 6 inches in diameter from 50 feet to a depth of 121 feet. It is drilled to a depth of 121 feet, cased to a depth of 50 feet with 6-inch steel casing, and cement grouted to a depth of 50 feet. The well casing extends 12 inches above a 6-foot by 6-foot by 6-inch concrete pad and is equipped with a pitless adapter, sanitary casing seal, screened casing vent, sample tap, waste discharge (blowoff), and drawdown gauge. Water is pumped from the well by means of a ½ hp, 14.6 gpm at 106 feet TDH submersible pump through dual manganese greensand filters and dual ion exchange water softeners into the 3,550-gallon ground storage tank. From the 3,550-gallon storage tank, dual 5 hp, 63 gpm at 164 feet TDH centrifugal booster pumps take suction and convey water to the distribution system via four 120-gallon pressure tanks. The extended well casing is unprotected while the ground storage tank, hydropneumatic tanks, manganese greensand filters, ion exchange

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San Damiano Spiritual Life Center

softeners, booster pumps, water meter, and exposed piping are located in the center's water treatment room. Reported well yield, based on a 24-hour yield and drawdown test, is 90 gpm. Total water production is metered.

TREATMENT

Treatment of the well consists of iron and manganese removal utilizing continuous potassium permanganate regeneration prior to manganese greensand filters and ion exchange water softening. As water is pumped from the well to the 3,550-gallon ground storage tank, a flow actuated 7 gpd metering pump injects a potassium permanganate solution from a 30-gallon solution tank into the well discharge line prior to treatment on dual 24-inch diameter by 71-inch high manganese greensand filters. Each greensand filter has a rated capacity of 9.4 gpm ($3 \text{ gpm/ft}^2 \times 3.14 \text{ square feet}$) and contains 10 cubic feet of manganese greensand media.

Following greensand filtration, water flows through dual 16-inch diameter by 65-inch high ion exchange water softeners prior to entering the 3,550-gallon ground storage tank. Each of the water softeners has a rated capacity of 42 gpm and an exchange capacity of 135 kilograins (4.5 cubic feet media at 30,000 grains per cubic foot).

STORAGE

Storage facilities consist of the 3,550-gallon ground storage tank. This tank, located in the center's water treatment room, is a horizontal, circular, dome end, fiberglass structure measuring 17.67 feet long by 6 feet in diameter and provided with a 4-inch screened mushroom cap vent, 3-inch screened overflow, 3-inch drain line, sight glass, 20- and 24-inch diameter access manholes, and 2-inch fill line.

Well pump operation is float switch controlled while booster pump controls include four 120-gallon hydropneumatic tanks and pressure switches to maintain system pressure between 40 and 60 psi. The booster pump controls also include a storage low level shutdown float switch.

PROJECT CAPACITY EVALUATION

Design Basis: per the *Waterworks Regulations*, average water demand is 75 gpd per overnight guest, 10 gpd per visitor, and 15 gpd per employee.

1. Estimated Water Usage:

| | | | |
|------------------|-----------------------------------|---|-----------|
| Employees | = (5 employees) (15 gpd/employee) | = | 75 gpd |
| Day Visitors | = (100 visitors) (10 gpd/visitor) | = | 1,000 gpd |
| Overnight Guests | = (60 guests) (75 gpd/guest) | = | 4,500 gpd |
| | | | 5,755 gpd |

Estimated Peak Hour Demand:

Peak Factor (from engineer) = 10

$Q_{\text{hourly}} = (5755 \text{ gpd}) / (24 \text{ hour/day}) = 232 \text{ gph}$

$Q_{\text{peak hour}} = (10) (232 \text{ gph}) (1 \text{ hour}) = 2320 \text{ gallons}$

2. Source Capacity:

| Source Name | Well Yield ¹ | | Pump Capacity ² | | Limiting Capacity |
|-------------|-------------------------|--------|----------------------------|--------|-------------------|
| | gpm | gpd | gpm | gpd | |
| Well No. 2 | 90 | 72,000 | 14.6 | 21,024 | 21,024 |

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¹Well yield, gpd = [(well yield, gpm)/(0.5 gpm ERC)] (400 gpd/ERC)

²Pump capacity, gpd = (pump capacity, gpm) (1440 minutes/day)

3. Treatment Capacity:

Greensand Filtration:

Number of Filters: 2

Capacity = (2 filters) (3 gpm/ft²) (3.14 ft²) (1440 min/day) = 27,130 gpd

Ion Exchange Softeners:

Number of Softeners: 2

Capacity = (2 softeners) (42 gpm/softener) (1440 min/day) = 120,960 gpd

4. Booster Pump/Transfer Pump Capacity:

Number of Pumps: 2

Capacity (combined) = (2 pumps) (63 gpm/pump) (1440 minutes/day) = 181,440 gpd

5. Storage Capacity:

Ground Storage Tank = 3,550 gallons

Pressure Storage Tanks = [(4 tanks) (120 gallon/tank)]/3 = 160 gallons
3,710 gallons

Estimated Delivery Capacity:

Booster Pumps = (2 pumps) (63 gpm/pump) (60 minutes/hour) = 7,560 gallons

Pressure Storage = [(4 tanks) (120 gallons/tank)]/3 = 160 gallons
7,720 gallons

Peak hour demand = 2,320 gallons < 7,720 gallons provided with storage

This waterworks permitted design capacity will be 21,024 gallons per day due to limited well pump capacity. This permit does not suspend, minimize, or otherwise alter this owner's obligation to comply with applicable federal, state, or local laws and regulations or permits.

HTE/bt

VPDES Sewage Sludge Permit Application for Permit Reissuance

Instructions

WHO MUST SUBMIT THE APPLICATION - All facilities with a current VPDES Permit that authorizes the discharge of treated sewage wastewater that are applying for reissuance must complete and submit this application.

Part 1 is general information to be provided by all facilities.

Part 2 must be completed by all facilities that generate Class A or Class B biosolids that are land applied.

Part 3 must be completed by all facilities that land apply Class B biosolids.

Part 1 – Sludge Disposal Management (To be completed by all facilities)

Facility Name: San Damiano Spiritual Life Center VPDES Permit No: VA0089010

1. Shipment Off Site for Treatment or Blending

Is sewage sludge from your facility sent to another facility that provides treatment or blending?

☐ Yes ☒ No

If you send sewage sludge to more than one facility, attach additional sheets as necessary.

Shipment off site is: ☐ The primary method of sludge disposal ☐ A back up method of sludge disposal

a. Receiving Facility Name _____

b. Receiving Facility VPDES Permit No. _____

c. Include an acceptance letter from the Receiving Facility.

d. Receiving Facility's ultimate disposal method for sewage sludge _____

2. Disposal in a Municipal Solid Waste Landfill

Is sewage sludge from your facility placed in a municipal solid waste landfill?

☐ Yes ☒ No

If sewage sludge is placed on more than one municipal solid waste landfill, attach additional pages as necessary.

Landfilling is: ☐ The primary method of sludge disposal ☐ A back up method of sludge disposal

a. Landfill Name _____

b. Landfill Permit No. _____

c. Include an acceptance letter from the landfill.

3. Incineration

Is sewage sludge from your facility fired in a sewage sludge incinerator?

☐ Yes ☒ No

Incineration is: ☐ The primary method of sludge disposal ☐ A back up method of sludge disposal

a. Do you own or operate all sewage sludge incinerators in which sewage sludge from your facility is fired?

☐ Yes ☒ No

If yes, provide the Air Registration No. _____

If no, complete items b - d for each incinerator that you do not own or operate.

b. Facility Name _____

c. Air Registration No. _____

d. Include an acceptance letter from the Incinerator.

4. Class A Biosolids

Do you produce Class A biosolids for land application or distribution and marketing? If yes, complete Part 2.

☐ Yes ☒ No

Are Class A biosolids from your facility land applied in bulk?

☐ Yes ☒ No

Do you sell or give away Class A biosolids in a bag or other container for application to the land? If yes, provide the

☐ Yes ☒ No

VDACS certification number? _____

5. Class B Biosolids

Do you produce Class B biosolids? If yes, complete Part 2.

☐ Yes ☒ No

Are Class B biosolids from your facility land applied land applied under the authorization of this VPDES Permit? If yes, complete Part 3.

☐ Yes ☒ No

6. Land Application Under a Separate Permit

Are biosolids from your facility land applied under the authorization of a permit other than your VPDES Permit?

☐ Yes ☒ No

Biosolids are land applied under the authorization of a ☐ VPA permit ☐ Another VPDES Permit ☐ Out of State

Complete items a - c for each VPA permit authorized to land apply biosolids from your facility.

NOTE: No sludge has ever had to be disposed of, but it is monitored according to SMP and will be if needed

a. Permittee Name _____

b. Permit No. _____

c. Include copy of any information you provide to the Receiving VPDES or VPA Permittee to comply with the "notice and necessary information" requirement of 9VAC25-31-530 F.

VPDES Sewage Sludge Permit Application for Permit Reissuance

Part 2 – Biosolids Characterization (To be completed by all facilities that generate biosolids that are land applied.)

1. Have there been changes to sludge treatment processes or storage facilities since the previous permit issuance/reissuance? ☐ Yes ☐ No
2. Do the biosolids generated under this permit that will be land applied meet one of the Class A pathogen requirements in 9VAC25-31-710 A 3 through A 8 or Class B pathogen requirements in 9VAC25-31-710 B 1 through B 4? ☐ Yes ☐ No
Identify the pathogen reduction option utilized to demonstrate compliance with the pathogen reductions requirements and provide the data that demonstrate compliance with the applicable alternative. _____
3. Do the biosolids generated under this permit that will be land applied meet one of the vector attraction reduction requirements in 9VAC25-31-720 B 1 through B 10? ☐ Yes ☐ No
Identify the vector attraction reduction option utilized to demonstrate compliance with the vector attraction reductions requirements and provide the data that demonstrate compliance with the applicable alternative. _____
4. Do the biosolids to be land applied meet the ceiling/pollutant concentrations in 9VAC25-31-540 B? ☐ Yes ☐ No
5. Has data from the most recent 3 samples for pH (S.U.), Percent Solids (%), Ammonium Nitrogen (mg/kg), Nitrate Nitrogen (mg/kg), Total Kjeldahl Nitrogen (mg/kg), Total Phosphorus (mg/kg), Total Potassium (mg/kg), Alkalinity as CaCO₃ (mg/kg), Arsenic (mg/kg), Cadmium (mg/kg), Copper (mg/kg), Lead (mg/kg), Mercury (mg/kg), Nickel (mg/kg), Selenium (mg/kg), Zinc (mg/kg) been submitted to DEQ? The samples shall be no more than 4½ years old and each sampling date shall be at least 1 month apart. ☐ Yes ☐ No
If no, provide the data with this application. _____

Part 3 – Land Application of Class B Biosolids (To be completed by all facilities that land apply Class B biosolids.)

1. Provide to DEQ and to each locality in which biosolids are to be land applied, written evidence of financial responsibility. Evidence of financial responsibility shall be provided in accordance with 9VAC25-31-100 P 9.
2. For each site, provide a properly completed landowner agreement for each landowner, using the most current Land Application Agreement - Biosolids Form (VPDES Sewage Sludge Permit Application Form – Attachment to Section C).
3. Are any new land application fields proposed at this reissuance? ☐ Yes ☐ No
If yes, contact the DEQ Regional Office for additional submittal requirements.
4. For the currently permitted land application fields, are the previously submitted site booklets, maps and acreage accurate. ☐ Yes ☐ No
If no, contact the DEQ Regional Office for additional submittal requirements.
5. Does the facility's Biosolids Management Plan on file with DEQ include the following minimum information? ☐ Yes ☐ No
 - a. An odor control plan that addresses the abatement of odors resulting from the storage and/or land application of biosolids.
 - b. A description of the transport vehicles to be used.
 - c. Procedures for biosolids offloading at the land application site including spill prevention, cleanup (including vehicle cleaning), field reclamation, and emergency notification and cleanup measures.
 - d. A description of the land application equipment including procedures for calibrating equipment to ensure uniform distribution and appropriate loading rates.
 - e. Procedures used to ensure that land application activities address notification requirements, signage requirements, slope restrictions, operation limitations during periods of inclement weather, soil pH requirements, buffer zone requirements, and site restrictions.
 - f. Any other information necessary to ensure compliance with the requirements of the Biosolids Program of the VPDES Permit Regulation (9VAC25-31-420 through 720).

Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and Official Title John Amarantides, Facilities Manager

Signature 

Telephone number / Email (703) 841-3859 / j.amarantides@arlingtondiocese.org

Date signed 09/29/2014

(Based on a review of this information, it may be necessary to submit additional information to meet other legal or technical review requirements.)

**VPDES/VPA Permit Billing Information Form
for Annual Maintenance Fee**

Facility Name: San Damiano Spiritual Life Center

Permit Number: VA0089010

**Person / Organization
to be billed:** Catholic Diocese of Arlington

Billing Address: 200 North Glebe Road

Suite 704

Arlington, Virginia 22203

Billing Contact Name: Raven Shad

Title: Contract Administrator/Office Manager

Phone Number: (703) 841-2572

E-Mail Address: r.shad@arlingtondiocese.org

VPDES Permit Application Addendum Outfall #002

1. **Entity to whom the permit is to be issued:** Most Rev. Paul S. Loverde, Bishop of the Catholic Diocese of Arlington, VA and his successors in office
Who will be legally responsible for the wastewater treatment facilities and compliance with the permit? This may or may not be the facility or property owner.

2. **Is this facility located within city or town boundaries?** Yes ☐ No ☒

3. **Provide the tax map parcel number for the land where the discharge is located.** 76-A-129

4. **For the facility to be covered by this permit, how many acres will be disturbed during the next five years due to new construction activities?** zero

5. **What is the design average effluent flow of this facility?** 1600 MGD

For industrial facilities, provide the max. 30-day average production level, include units:

N/A

In addition to the design flow or production level, should the permit be written with limits for any other discharge flow tiers or production levels? Yes ☐ No ☒

If "Yes", please identify the other flow tiers (in MGD) or production levels:

Please consider the following questions for both the flow tiers and the production levels (if applicable): Do you plan to expand operations during the next five years? Is your facility's design flow considerably greater than your current flow?

6. **Nature of operations generating wastewater:**

Religious Retreat Center

0 % of flow from domestic connections/sources

Number of private residences to be served by the treatment works: _____

N/A % of flow from non-domestic connections/sources

7. **Mode of discharge:** ☐ Continuous ☒ Intermittent ☐ Seasonal

Describe frequency and duration of intermittent or seasonal discharges:

8. **Identify the characteristics of the receiving stream at the point just above the facility's discharge point:**

☐ Permanent stream, never dry

☐ Intermittent stream, usually flowing, sometimes dry

☐ Ephemeral stream, wet-weather flow, often dry

☐ Effluent-dependent stream, usually or always dry without effluent flow

☐ Lake or pond at or below the discharge point

☐ Other: N/A

9. **Approval Date(s):**


O & M Manual May 30, 1996

Sludge/Solids Management Plan N/A

Have there been any changes in your operations or procedures since the above approval dates? Yes ☐ No ☒

PUBLIC NOTICE BILLING INFORMATION

I hereby authorize the Department of Environmental Quality to have the cost of publishing a public notice billed to the Agent/Department shown below. The public notice will be published once a week for two consecutive weeks in Winchester Star Classified Department – (540) 667-3200 in accordance with 9 VAC 25-31-290.C.2.

| | |
|--------------------------------|--|
| Agent/Department to be billed: | <u>Office of Planning, Construction & Facilities</u> |
| Owner: | <u>Most Rev. Paul S. Loverde, Bishop of the Catholic Diocese of Arlington, VA., and his successors in office</u> |
| Agent/Department Address: | <u>200 North Glebe Road</u> |
| | <u>Suite 704</u> |
| | <u>Arlington, Virginia 22203</u> |
| Agent's Telephone No.: | <u>(703) 841-2572</u> |
| Printed Name: | <u>John Amarantides, Facilities Manager</u> |
| Authorizing Agent – Signature: |  |
| Date: | <u>September 29, 2014</u> |

VPDES Permit No. VA0089010

Facility Name San Damiano Spiritual Life Center